

A Reward of the Heart

**Children's Rehabilitative
Services Member Handbook**
Arizona Physicians IPA, Inc.



Member Services:
1-866-275-5776

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CRS services are funded under a contract with the Arizona Health Care Cost Containment System

Welcome to Children's Rehabilitative Services

Welcome to Children's Rehabilitative Services (CRS). The CRS program has been serving children with special health care needs since 1929. CRS provides medical care and support services to children and youth who have certain chronic or disabling conditions. CRS Members have access to a statewide network of providers in a number of settings. Members can get care and services in a clinic or in a clinic-like setting such as a field clinic or a virtual clinic. Members can also get care from participating doctors in their office practice. Pharmacies, therapies, labs and diagnostic services are available to members in clinics or close to their own communities.

The Children's Rehabilitative Services Administration (CRSA) within the Arizona Department of Health Services (ADHS), Office for Children with Special Health Care Needs (OCSHCN) oversees the CRS Program. OCSHCN is interested in hearing from CRS Members. To contact OCSHCN please call 602-542-1860, visit the OCSHCN web site at www.azdhs.gov/phs/ocshcn/index.htm, or send OCSHCN an email message at OCSHCN@azdhs.gov.

OCSHCN has contracted with Arizona Physicians IPA (APIPA) to administer the CRS program. APIPA is committed to giving you the best care possible. APIPA has been providing excellent service for the Arizona Health Care Cost Containment System (AHCCCS) for over 25 years. APIPA will bring that same commitment to quality to the CRS Program.

"The mission of CRS is to improve the quality of life for children and youth by providing family-centered medical treatment, rehabilitation, and related support services to enrolled individuals who have certain medical, handicapping, or potentially handicapping conditions."

The APIPA-CRS Member Handbook

Please take time to read this handbook. The handbook has important information that explains APIPA-CRS benefits. It will give you information you will need to get the best care possible. If you are a parent or caregiver reading this handbook, throughout the handbook, we refer to the person enrolled in APIPA-CRS as a "member" or directly as "you."

Handbooks are free. You can get copies of the handbook anytime from:
The APIPA-CRS website at www.myapipacrs.com,
The Member Services line at 1-866-275-5776, or
OCSHCN by calling 602-542-1860 or from the OCSHCN webpage at
<http://www.azdhs.gov/phs/ocshcn/crs>

Copies of the Member Handbook are available in different languages and in different formats, such as large print. If you need a handbook in a different language or format, just let Member Services know. Some of the things the Member Handbook explains are:

- Who is eligible,
- How to apply for services,

- What services are covered and not covered,
- Rights and responsibilities as a Member,
- How to make an appointment, and
- What to do if you have a problem or if you are not happy with the services you receive.

What are Language and Cultural Services?

Clear communication is important to get the health care you need. APIPA-CRS can provide member materials to you in a language or format that may be easier for you to understand. We also have interpreters for you to use if your doctor does not speak your preferred language.

If your doctor does not understand your cultural needs, APIPA-CRS can help. APIPA-CRS will work with your doctor or help you pick a new doctor.

Call APIPA-CRS Member Services for translation services, to find a doctor who understands your cultural needs, or for materials in another language or format. These services are provided at no cost to you.

Auxiliary aids and services are also available. You can ask for these services at any time free of charge. Please call APIPA-CRS Member Services or tell your doctor if you:

- Need an interpreter to explain or restate your words or feelings,
- Are unable to hear clearly,
- Use sign language and need someone to sign for you,
- Are unable to see very well and need someone to read the information to you,
- Need a note-taker or written materials,
- Need a telephone handset amplifier or a telephone compatible with hearing aids,
- Need telecommunications devices for deaf persons (TDD), or
- Need taped texts, audio recordings, materials in Braille, or large print.

What is Member Services?

Member Services is here to help you! Member Services can:

- Answer questions about your healthcare benefits,
- Help solve a problem or concern you might have with your doctor or any part of APIPA-CRS,
- Help you find a doctor,
- Tell you about our doctors, their backgrounds, and the care facilities in our network,
- Help you if you get a medical bill,
- Tell you about community resources available to you, and
- Help you if you speak another language, are visually impaired, need oral interpretation services, sign language services, or other accommodations.

Member Services

Available 24 hours a day, 7 days a week: **1-866-275-5776**

TDD (for the hearing impaired): **1-800-367-8939 or 711**

When You Call Us

We ask questions to check your identity. We do this to protect your privacy. This is federal and state law. Please gather the following information before you call:

- APIPA-CRS Member ID number,
- Current address and phone number on file with APIPA-CRS, and
- Date of birth.

You can get information about the APIPA-CRS Program Monday through Friday, 8 A.M. – 5 P.M. at the Arizona Department of Health Services, Office for Children with Special Health Care Needs (OCSHCN). Just call (602) 542-1860 or 1- 800-232-1676 and ask for the CRS Program. Information is available on the OCSHCN website at **www.azdhs.gov/phs/ocshcn/crs**. You can also send OCSHCN an email message at OCSHCN@azdhs.gov.

What If I Need Additional Help from APIPA-CRS?

The entire staff of APIPA-CRS is dedicated to helping its members. If you need help or have a question, contact Member Services first. They are trained to answer your questions and help you get the care you need. Member Advocates can provide additional help to you. In addition, each member will have a Care Coordinator. The Care Coordinator works with the member's providers to make sure they get the services they need to treat their condition. Members who need additional coordination of care may be assigned to a Care Manager. Care Managers are nurses or social workers that work closely with members on difficult health challenges. Getting additional help starts with a call to Member Services.

APIPA-CRS: a Managed Care Program

APIPA-CRS is a managed care program. This means that all of the medical care and service you receive for your CRS eligible condition must be requested and provided by a doctor or health care provider that is in the APIPA-CRS network. APIPA-CRS understands that current members have relationships with their doctors and health care providers. To maintain these relationships, APIPA-CRS will allow a non-participating doctor or health care provider to treat a member if approval is provided by APIPA-CRS. This is called a prior authorization. APIPA-CRS will work with your health care providers to make sure you receive the care you need.

Who is Eligible for APIPA-CRS Services?

APIPA-CRS does not determine eligibility based on income. To be eligible for APIPA-CRS services you must:

- Have certain medical conditions,
- Be under age 21,
- Be an U.S. citizen or qualified alien, and
- Live in Arizona.

The APIPA-CRS Team of Providers

One of the best things about APIPA-CRS is that most of the care you will receive involves a team of providers. Exactly who will be on your team depends on your special health care need. Get to know who is on your team so you can talk to them about your care and services. You can invite others to be on your team if you would like. People on your team can be:

Surgical

General pediatric surgery
Cardiovascular and thoracic
Ear, Nose and Throat (ENT)
Neurosurgery
Ophthalmology
Orthopedic (general, hand, scoliosis, amputee)
Plastic surgery

Medical

Cardiology
Cystic Fibrosis
Neurology
Rheumatology
General Pediatrics
Genetics
Urology
Metabolic
Spina Bifida
Cerebral Palsy

Dental

Dentistry
Orthodontia

Multispecialty Interdisciplinary Clinics

Multispecialty Interdisciplinary Clinics (MSICs) are clinics where a Member can see their medical specialists and any others involved in their care, all at one location. At the MSIC, you and your family can meet face to face with the members of your team of providers to get medical care, plan your treatment, and receive other services that you may need. APIPA-CRS MSICs are at the following locations:

Children's Health Center

124 West Thomas Road
Phoenix, AZ 85013
(602) 406-6400
(800) 392-2222 toll free
Fax: (602) 406-7166
www.stjosephs-phx.org

Children's Clinics for Rehabilitative Services

2600 North Wyatt Drive
Tucson, AZ 85712
(520) 324-5437
(800) 231-8261 toll free
Fax: (520) 324-3084
www.childrensclinics.org

Children's Rehabilitative Services

1200 North Beaver
Flagstaff, AZ 86001
(928) 773-2054
(800) 232-1018 toll free
Fax: (928) 773-2286
www.nahealth.com/

Children's Rehabilitative Services

2400 Avenue A
Yuma, AZ 85364
(928) 336-7095
(800) 837-7309 toll free
Fax: (928) 336-7497
www.yumaregional.org/crsnew.html

How to Apply for Services

The process to apply for services is to fill out an application. Anyone can fill out an application including a family member, doctor, or health plan representative. When someone other than you or a family member completes an application, this is called a referral. To get an application:

- Call Member Services,
- Visit the APIPA-CRS web site at www.myapipacrs.com,
- Call the Office for Children with Special Health Care Needs (OCSHCN) at 602-542-1860, or
- Download an application from the OCSHCN web site at www.azdhs.gov/phs/ocshcn/crs/crs_az.htm.

If you need help completing the APIPA-CRS application or getting information to send in with the application packet, ask Member Services for help. Completed applications must be sent to:

APIPA-CRS
Attn: Eligibility and Enrollment
PO Box 33320
Phoenix, AZ 85067-3320

How to Know if Your Application Has Been Approved or Denied

APIPA-CRS will notify you and your referral source within fourteen (14) days of receipt of your application to let you know if your application has been approved or denied. If APIPA-CRS decides that you are not eligible, you will receive a written notice explaining why. If you do not agree with the decision that APIPA-CRS has made, you may request a State Fair Hearing. You must request a State Fair Hearing within 30 days from the time you receive this decision. The request should be sent to:

Arizona Department of Health Service
Children's Rehabilitative Services Administration
Office of Grievance and Appeals
150 N. 18th Ave. Ste 330
Phoenix, AZ 85007

If you are determined to be eligible, APIPA-CRS may send you an application packet requesting more information. It is important for you to know that a determination of eligibility does not mean that you are automatically enrolled in APIPA-CRS. If APIPA-CRS requests more information you must complete and return the information that they send to you. This information must be sent within 90 days of the date you received the written notice of eligibility to:

APIPA-CRS
Attn: Eligibility and Enrollment
PO Box 33320
Phoenix, AZ 85067-3320

Renewing Your Payment Information

APIPA-CRS may request that you provide financial information to determine if your payment agreement needs to be adjusted. You too can request that your financial information be checked to see if your payment agreement needs to be changed. Please contact Member Services if your income has changed.

At least every 12 months, APIPA-CRS will review your financial information to see if your payment agreement needs to be adjusted.

Can I Lose My Enrollment?

You can be dis-enrolled or be terminated from CRS for the following reasons:

- You no longer meet the medical eligibility requirement,
- You no longer meet the non-medical eligibility requirements of age, residency, or citizenship,
- You do not apply for AHCCCS coverage within 6 months of being notified you may be eligible,
- You do not attend your first scheduled CRS visit and do not contact APIPA-CRS to reschedule within 90 days,
- You request termination of your CRS enrollment, or
- You are not on AHCCCS and you fail to sign or comply with the Member Payment Agreement.

Your APIPA-CRS Identification (ID) Card

Once you are enrolled in APIPA-CRS, you will receive an ID card. The ID card is your key to getting health care services. The ID card has your APIPA-CRS ID number, your name, and other important information.

QUICK TIPS

- The ID card is for Member use only. Don't let others use it.
- Carry the ID card at all times and keep it in a safe place.
- Do not lose the card or throw it away.
- You will need the card when you get medical care or to pick up medicine at the pharmacy.
- Misusing the ID card, like loaning or selling the number, is against the law and may result in legal action.
- If you notice others getting APIPA-CRS benefits they are not eligible for or someone misusing the medical ID card please tell us right away. You can call or write APIPA-CRS Member Services.
- You may also call APIPA-CRS to report any provider you believe may be giving services to members that are not needed or should not be given.

What to Do If You Move

Please make sure that APIPA-CRS has your current address and phone number. If they do not have your correct address and phone number, you may not get important information from them. Tell Member Services right away if you move or your telephone number changes.

If you are planning to move out of Arizona, tell Member Services. Member Services can help you get information about services in another state. You can also contact the Office for Children with Special Health Care Needs (OCSHCN). OCSHCN can give you information about programs for children with special health care needs that are in other states. You can call OCSHCN at 602-542-1860, send OCSHCN an email message at **OCSHCN@azdhs.gov**, or visit the OCSHCN website at **www.azdhs.gov/phs/ocshcn/index.htm**.

What Conditions are Covered by APIPA-CRS?

APIPA-CRS will treat your CRS eligible medical condition only. A complete list of covered conditions can be found on the Arizona Department of Health Services web site at: **www.azdhs.gov/phs/ocshcn/crs/crs_policy_az.htm**. The information explaining what conditions are covered can be found in Chapter 5 of the Contractor's Policy and Procedure Manual.

Some of the eligible conditions include but are not limited to:

- Cerebral palsy,
- Club feet,
- Dislocated hips,
- Cleft palate,
- Scoliosis,
- Spina bifida,
- Cystic fibrosis,
- Heart conditions due to congenital deformities,
- Metabolic disorders,
- Muscle and nerve disorders,
- Neurofibromatosis, and
- Sickle cell anemia.

What Conditions Are Not Covered by APIPA-CRS?

APIPA-CRS does not cover care and services that are not related to your CRS eligible medical condition. Basic medical care for things such as shots, colds, the flu, earaches, sprains, etc. are not covered by the APIPA-CRS Program. A complete list of conditions that are not covered can be found on the Arizona Department of Health Services web site at:

www.azdhs.gov/phs/ocshcn/crs/crs_policy_az.htm. The information explaining conditions that are not covered can be found in Chapter 5 of the Contractor's Policy and Procedure Manual.

If you have AHCCCS or any other insurance, that insurance will take care of your basic health care needs.

What Services Does APIPA-CRS Cover?

APIPA-CRS pays for services that are related to your CRS eligible medical condition. The following services are available and may be provided:

Medical Services

Audiology
Dental and orthodontia
Diagnostic testing and laboratory
Home health
In-patient (hospitalization)
Medical equipment (such as wheel chairs)
Nursing
Nutrition
Out-patient
Pharmacy
Physical and occupational therapy
Physicians
Prosthetic and orthotic
Psychology
Psychiatric
Speech and language pathology
Vision services

Support Services

Advocacy
Child life services
Education coordination
Transition Planning

This list of services can also be found on the OCSHCN web site at

http://www.azdhs.gov/phs/ocshcn/crs/crs_policy_az.htm, in Chapter 6 of the Contractor's Policy and Procedure Manual.

What Services Are Not Covered by APIPA-CRS?

APIPA-CRS does not cover services that are not related to your CRS medical condition. A complete list of these services can be found on the Arizona Department of Health Services web site at: www.azdhs.gov/phs/ocshcn/crs/crs_policy_az.htm. The information explaining what services are not covered can be found in Chapter 6 of the Contractor's Policy and Procedure Manual.

How Do I Get Approval for Services? (Prior Authorization)

The process APIPA-CRS uses to decide in advance whether a service is covered and medically necessary is called Prior Authorization. You and your doctors will work together to make decisions about the services you need. Some services, for example non-emergency hospital admissions, need to be approved before you can get them. Your doctor must ask for approval of these services from APIPA-CRS. You do not need to get approval for emergency services.

Your APIPA-CRS Provider Directory

A Provider Directory is a listing of all of the CRS doctors, pharmacies, hospitals, labs and other providers, their addresses, telephone numbers, and the languages they speak. Provider Directories are free. You can get a directory anytime from:

- The APIPA-CRS Website at www.myapipacrs.com,
- Member Services,
- OCSHCN by calling 602-542-1860,
- The OCSHCN webpage at www.azdhs.gov/phs/ocshcn/crs, or
- Sending OCSHCN an email message to OCSHCN@azdhs.gov.

You can choose your doctors and other health care providers from this list. Members can get care and services in a clinic or in a clinic-like setting such as a field clinic or a virtual clinic. Members can also get care from participating doctors in their office practice. Pharmacies, therapies, labs and diagnostic services are available to members in clinics or close to their own communities.

Payment Agreements and Co-Payments

Charges for medical services are called co-payments. If you are on AHCCCS you will not have a co-payment. If you have any other health insurance you must use the benefits of that health insurance first. Please contact your health plan to see if you will have any co-payments.

There will be a fee for services if you do not have AHCCCS or any other insurance and you are paying for APIPA-CRS services yourself. APIPA-CRS will determine what this fee will be based on the financial information you provide on the Financial Application Form. You will fill out the Financial Application Form when you apply for the APIPA-CRS Program. The form is part of the application packet. APIPA-CRS will notify you of these charges and will ask you to sign a member payment agreement before you can get any services.

If you have any questions about paying for anything, talk to Member Services.

What To Do if You Get A Bill For an APIPA-CRS Covered Service

Before you get services be sure to tell providers that you are an APIPA-CRS member and show the provider your ID card. If you have AHCCCS or any other insurance, please give the provider this information as well. If you do get a bill for a service that you think is covered by APIPA-CRS, call the telephone number on the bill right away. Tell them that you are an APIPA-CRS member. If you get another bill after you have talked with the provider, call APIPA-CRS Member Services.

You may ask for a service that is not covered by APIPA-CRS. Before you get the uncovered service, you will need to agree, in writing, to pay for this service.

Making an Appointment

You need to have an appointment to see an APIPA-CRS provider. If you don't make an appointment and just show up, the provider may not be able to see you. When you call to make an appointment, be ready to tell the person on the phone:

- Your name
- Your ID number, and
- The reason you need an appointment.

If you think the appointment needs to be made sooner than the provider has scheduled, you can ask to be seen at an earlier date. Please tell the provider why you think you need to be seen quickly and ask for an earlier appointment.

If you are having trouble making an appointment with a provider, contact Member Services.

Canceling or Changing an Appointment

If you need to cancel or change an appointment, please tell your provider at least one day before the appointment. When you call ahead of time it allows the provider to schedule another person that is waiting to be seen. If you need to cancel an appointment, please be sure to make an appointment for another time.

Waiting at Your Appointment

Sometimes you might have to wait for a while at an appointment because the doctor is seeing other patients. You should not have to wait more than 45 minutes. If you feel that you had to wait more than 45 minutes, contact Member Services for help.

Tips when you come for an appointment:

- Be on time for the visit or call if you need to cancel or reschedule. Your call can give another child a chance to see the doctor.
- The visit may take a few hours. Bring snacks, extra diapers, medicines, etc.
- Write down any questions you want to ask the doctor. Bring your list with you to the visit.
- Tell your doctor if you have been to the Emergency Room or Urgent Care. Tell them about any instructions and medications you were given.
- If your medical equipment is not working properly, tell your doctor about it. If you can, bring in the equipment that needs to be checked.
- Let the doctor and Member Services know right away when you have a change of address, phone number, name, legal guardianship, or insurance plan.
- Bring your immunization records with you to appointments until you are 18 years old.
- Tell the doctor about any medications you have been prescribed.
- Tell the doctor about any over-the-counter medications you are taking (such as vitamins, cough syrup, etc)
- Tell the doctor about any of your allergies to foods or medicines.
- Ask the doctor or nurse about your medicines. Be sure you know how to take them and any side effects they may have.
- Before you leave every visit, make sure that you understand any instructions your doctor gives you.

Transportation to an Appointment

APIPA-CRS does not pay for or provide transportation to appointments with a provider. You should try to use your own car, ride the bus, or get a ride with a friend. If you cannot find transportation and you are an AHCCCS member, call your AHCCCS Health Plan to arrange transportation one (1) week before your visit.

What to Do if You Have an Emergency

An emergency is a sickness that is sudden and puts your life in danger or can cause harm to you if not treated fast. In an emergency, it is very important to get care right away. If you have an emergency call 911 or go to the nearest emergency room. You have the right to go to any hospital emergency room or other setting for emergency services. You do not need prior authorization for emergency services.

If you are not sure it's a real emergency, call your doctor. If you do go to an emergency room, call your doctor as soon as you can after your visit so you can get the right follow up care.

If you go to the Emergency Room or to an Urgent Care Center for a problem related to your CRS condition, be sure to tell them that you are an APIPA-CRS Member and show them your ID card. If you are getting emergency care for a problem that is not an APIPA-CRS covered condition, give the ER or urgent care center your other insurance information.

If you are outside of the State of Arizona and have a medical emergency related to your CRS eligible condition, you can be treated at the nearest emergency room. Non-emergency care for your CRS condition will not be covered outside of Arizona. APIPA-CRS will only cover non-emergency care related to your CRS condition within the State of Arizona.

Member Rights and Responsibilities

We want to have a good relationship with our members. For this to happen, you need to know your rights and responsibilities.

MEMBERS HAVE THE RIGHT TO:

Respect and Dignity

- Be treated with respect and dignity by APIPA-CRS staff and healthcare providers
- Be treated fairly regardless of race, color, gender, religion, age, national origin, ability to speak English, disability, ability to pay, marital status, sexual preference, genetic information or physical or mental disability
- Have services given in a way that respects your culture, language, background, and abilities
- Know the languages spoken by each contracted APIPA-CRS doctor
- Receive interpreter services free of charge
- Get this information in a language or format that you understand, including sign language or Braille
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation

Confidentiality and Privacy

- Privacy during medical visits, appointments, and treatments
- Privacy and protection of your health information
- Access to your medical records as allowed by law
- Request a copy of your medical records, at no cost to you
- Correct your medical record as allowed by law
- Change your doctor
- Refuse care from certain doctors
- Know the professional background of any person involved in your care
- Know the name of your doctor

Treatment Decisions

- Talk to your doctor about your health care and how to get covered services. Call Member Services if you have questions that the doctor did not answer
- Get information on available treatments and treatment options and the right to refuse treatment, appropriate to your condition and what you can understand
- If you refuse treatment, be told what can happen if care is not provided
- Be involved in decisions about your health care, or have a representative facilitate care or help make decisions if you are not able to do so
- Request a second opinion from a qualified health care professional within the APIPA-CRS network at no cost to you. A second opinion may be received from an out-of-network provider, at no cost to you, if there is no in-network coverage
- Know how APIPA-CRS decides to cover new treatments

Other

- Receive care and services until you are age 21 for your APIPA-CRS eligible condition
- Know how much services will cost if APIPA-CRS will not pay for them
- Be told in writing when APIPA-CRS cuts, stops, or denies any health care service
- Tell APIPA-CRS about any problems or complaints about durable medical equipment (including wheel chairs), any health care services, doctors, pharmacy, or any staff at APIPA-CRS
- Receive emergency care without approval from your doctor or APIPA-CRS
- Know if you need insurance for very large claims. This is called stop-loss insurance
- Request information on whether or not APIPA-CRS has physician incentive plans that affect the use of referral services
- Know how APIPA-CRS pays doctors
- Receive a summary of member survey results
- Request information about grievances, appeals and requests for hearings
- Request information about getting services outside the APIPA-CRS contracted network

MEMBERS HAVE THE RESPONSIBILITY TO:

Respect

- Read and follow this handbook
- Treat all APIPA-CRS staff and health care providers with respect and dignity
- Protect your ID card and show it before you get services
- Tell APIPA-CRS staff if you think someone is not being honest with you or if you are feeling abused by a doctor, staff member or another APIPA-CRS member

Follow Instructions

- Know the name of your doctor. Your doctor is the person who coordinates your health care needs
- Use the emergency room for life threatening care only. Go to your doctor or urgent care centers for all other care
- Follow your doctor's instructions and treatment plan, and tell your doctor if their explanations are not clear
- Bring your child's immunization records with you to appointments until the child is 18 years old

Appointments

- Make an appointment before you visit your doctor or any other APIPA-CRS health care provider
- Schedule appointments during office hours instead of using urgent care or emergency rooms
- Arrive on time for appointments
- Please call the office at least one day in advance if you must cancel or if you will be late for an appointment

Share Information

- Be honest and direct with your doctor. Give your doctor your health history
- Call Member Services if you have changes in address, family size or questions about eligibility
- Tell your doctor and APIPA-CRS, if you have other insurance, such as Medicare
- Give a copy of your Advance Directives to your doctor
- Identify yourself as an APIPA-CRS member before you get any services outside of CRS

Access to Medical Records

A parent, a legal guardian, or an APIPA-CRS member over age 18 or who is his/her own guardian has the right to look at the member's medical records. You cannot be asked to pay a fee for looking at your medical records. Permission to look at the records can be denied if the records are protected health information. Permission to look at the records can also be denied if the person requesting does not have the right to access them.

Access to records will be available during regular office hours. However, access to records can be given at other times if they are needed for emergency medical care. You can ask that your medical record be changed if you do not agree with its contents. You can also ask for a copy of your medical record for a reasonable fee.

Your Private Health Care Information

APIPA-CRS works very hard to keep your health information private. There are laws about who can see your health information with or without your permission. At times your permission is not needed to share your health information to help arrange for care. These times could include sharing information with:

- Physicians and other agencies providing health, social, or welfare services,
- Your medical primary care provider,
- Certain state agencies involved in your care and treatment, as needed, and
- Members of the team involved in your care.

At other times, it may be helpful to share information with other agencies, such as schools. Your written permission will be required before your information is shared.

There may be times that you want to share your information with other agencies or certain individuals who may be helping you. In these cases, you can sign an Authorization for the Release of Information Form. This form states that your medical records, or certain limited portions of your records, may be released to the individuals or agencies that you name on the form.

If you think your privacy rights have been violated, you can contact APIPA-CRS at 1-866-275-5776.

Or

You can call or file a written complaint with:
Arizona Department of Health Services
Children's Rehabilitative Services Administration
Division of Compliance
150 North 18th Avenue, Suite 330
Phoenix AZ 85007
Phone (602) 542-1860 or 1-800-232-1676

Or

You can file a written complaint with or call the Secretary of the U.S. Department of Health and Human Services at:
U.S. Department of Health and Human Services
Office of Civil Rights
50 United Nations Plaza -- Room 322
San Francisco, California 94102
Attn: Regional Manager
Phone 1-800-368-1019

We will not take any action against you if you file a written complaint, or contact the above telephone numbers.

For Youth 18 Years Old or Older: Decisions about Your Health Care (Advance Directives)

If you are 18 years of age or older and are your own guardian, you have the right to write down for doctors how you want to be cared for if you become too ill to tell them yourself. An advance directive is a written document that tells your doctors what kind of care you want if you are not able to make decisions for your self. A medical power of attorney and a living will are examples of advance directives. It tells your doctors:

- The kind of care you want if you have an illness that may not get better,
- What you want done if you are not awake or in a coma, and
- The kind of care you do not want.

You can get more information on advance directives and get advance directive forms at www.azsos.gov/adv_dir. Give your doctor a copy of your power of attorney and living will. Keep copies for yourself. Ask that your advance directives be put in your medical record(s).

You may change these directions any time. If you make changes, be sure everyone has a new copy. If you want to talk to someone about this, ask your doctor or contact Member Services. If you have an advance directive and believe that you are not getting the health care you want, contact Member Services.

What is a Transition Plan?

Did you know that APIPA-CRS services end on your 21st birthday? Beginning at age 14, APIPA-CRS will begin talking to you about “transitioning” or preparing for when you turn 21 and leave APIPA-CRS service. APIPA-CRS will work with you and your providers to develop a transition plan. A transition plan is a guide to help you move from care and service for children to a different system that provides care and service to adults. The transition plan will include information about medical care and service. The plan will also include discussions, as appropriate, about work, education, recreation, and social needs. APIPA-CRS will help you find doctors, specialists, and other providers who will care for you as you become an adult.

What is Continuity of Care?

As an APIPA-CRS Member you may need care over a period of many years. During this time you may receive care in a hospital, in a clinic, or in a doctor’s office. Your care providers and treatment plans may change over the years. APIPA-CRS will work with you and your providers to make sure that care and services do not get interrupted during these changes.

What to Do If You Have a Complaint

If you are not happy with the care you are getting, try to solve any problems by talking to the provider first. If you and the provider cannot resolve the problem notify APIPA-CRS Member Services. You can call Member Services at any time. Member Services is available to help you seven (7) days a week 24 hours a day. APIPA-CRS wants to know if you are having a problem. Notify APIPA-CRS if:

- You are not satisfied with the care or services you are getting,
- You are not treated with respect or dignity,
- You have a problem or concern with your clinic, doctors, pharmacy, or other health care staff, or
- You are having problems with your wheelchair or any other piece of durable medical equipment.

You can call the Arizona Department of Health Services, Office for Children with Special Health Care Needs (OCSHCN) at 602-542-1860 or 1-800-232-1676 Monday through Friday from 8:00 AM until 5:00 PM. You can also send OCSHCN an email message at **OCSHCN@azdhs.gov**. Tell OCSHCN that you have a complaint about your APIPA-CRS care or service.

How Will I Know When APIPA-CRS Makes a Decision About My Health Care?

If you are an AHCCCS member:

You will receive a Notice of Action if a service that you have been getting or your doctor has requested is denied, cut or stopped. If you get a Notice of Action, you have the right to file an appeal. Only a physician trained to treat your condition may deny a service your provider is trying to get approved.

You will get the written Notice of Action telling you if the services asked for by your provider are not approved. You will get the Notice of Action within 14 days of when your provider asked for approval for a standard request. If APIPA-CRS or your provider thinks that a decision needs to be made sooner than 14 days because of your health needs, you will get the Notice of Action within 3 working days.

If you, your provider, or APIPA-CRS need more time, a 14 day extension may be made if it is determined to be in your best interest. If APIPA-CRS or the provider asks for more time, you will get a written Notice of Extension telling you why it will take longer. If you disagree with the extension, you can file a complaint with APIPA-CRS or OCSHCN.

You may receive a Notice of Extension if APIPA-CRS sends the request for service to your primary AHCCCS health plan. Your AHCCCS health plan will then approve or deny the service. If you do not receive a response from your AHCCCS health plan, you should call APIPA-CRS Member Services.

If APIPA-CRS cuts, stops, or ends a service already authorized, you will get a Notice of Action at least 10 days before the change will occur. This will happen unless there is fraud involved, or you have moved out of state, or if you have requested that the service be stopped. You will also get a Notice of Action if you are in the hospital and APIPA-CRS decides that being in the hospital is no longer medically necessary. You will get the Notice of Action at least two days before APIPA-CRS stops paying for your hospital stay.

You can ask that the services you are getting do not change during the appeal processes. You must ask within 10 days from the day you receive the decision to cut, stop, or end services. It is important for you to know that if the appeal is not decided in your favor, you may have to pay for the services you received during this time.

If, at any time, you do not understand a Notice of Action or Notice of Extension that APIPA-CRS has sent you or if they do not give you adequate information contact APIPA-CRS for help. You can file a complaint with OCSHN or APIPA-CRS. If your complaint does not get resolved to your satisfaction, you can complain to AHCCCS, Division of Health Care Management, Medical Management Unit.

If you are not an AHCCCS member:

You will receive a Notice of Decision if a service that you have been getting or your doctor has requested is denied, cut or stopped. If you get a Notice of Decision, you have the right to file an appeal. Only a physician trained to treat your condition may deny a service your provider is trying to get approved.

You will get the written Notice of Decision telling you if the services asked for by your provider are not approved. You will get the Notice of Decision within 14 days of when your provider asked for the approval for a standard approval request. If APIPA-CRS or your provider thinks that a decision needs to be made sooner than 14 days because of your health needs, you will get the Notice of Decision within 3 working days.

If you, your provider, or APIPA-CRS need more time, a 14 day extension may be made if it is determined to be in your best interest. If APIPA-CRS or the provider asks for more time, you will get a written Notice of Extension telling you why it will take longer. If you disagree with the extension, you can file a complaint with APIPA-CRS or OCSHCN.

If APIPA-CRS cuts, stops, or ends a service already authorized, you will get a Notice of Decision at least 10 days before the change will occur. This will happen unless there is fraud involved, or you have moved out of state, or if you have requested that the service be stopped. If you are in the hospital and APIPA-CRS can no longer pay for your hospital stay, you will receive a Notice of Decision at least two days in advance before APIPA-CRS stops paying.

You have the right to appeal decisions that APIPA-CRS makes about your care and services. While you are waiting for a decision on your appeal, you can ask that the services you are getting do not change during the appeal processes. You must ask within 10 days from the day you receive the decision to cut, stop, or end services. It is important for you to know that if the appeal is not decided in your favor, you may have to pay for the services you received during this time.

If, at any time, you do not understand a Notice of Decision or a Notice of Extension that APIPA-CRS has sent you or if they do not give you adequate information, contact APIPA-CRS for help. You can also file a complaint with APIPA-CRS or OCSHCN.

What is an Appeal?

If you disagree with a decision that APIPA-CRS has made, you may file an appeal. An appeal is a formal request to review a decision made about your health services. You may appeal to APIPA-CRS if:

- APIPA-CRS denies all of or part of a service asked for by your provider. This includes a change in the type, level, or location of the service,
- APIPA-CRS cuts, stops, or ends a service that has already been approved,
- APIPA-CRS fails to provide or approve services in a timely manner,
- APIPA-CRS fails to act within timeframes for resolving an appeal or complaint, or
- APIPA-CRS asks you to pay for a service.

How Do I File an Appeal?

Appeals can be filed orally or in writing. If you want to file a verbal appeal, call Member Services. You may send a written appeal to:

Arizona Physicians, IPA-CRS
3141 N. 3rd Ave.
Phoenix, AZ 85013
Attn: Appeals Department

You can file the appeal yourself or another person can file the appeal for you with your written permission. For help with filing an appeal, you may call Member Services or get help from a local advocacy group. Your appeal needs to be filed within 60 days from the day that APIPA-CRS makes the decision.

What Happens After I File an Appeal?

As part of the appeals process, you have the right to provide information that will help your appeal. You have the right to look at medical records and other documents that might be helpful for you to use during the appeal. If you would like to review this information call Member Services.

Someone who did not make the decision you are unhappy about will review your appeal. APIPA-CRS will make a decision and send you a Notice of Appeal Resolution. Usually you will get the Notice of Appeal Resolution within 30 days.

If you, your provider, or APIPA-CRS think that taking 30 days could harm your health, your appeal will be resolved in 3 days. If more time is needed to make a decision and taking more time is in your best interest, you will receive a written notice explaining why more time is needed. You will also be told how much longer it will take to decide your appeal.

What if I Am Not Happy With the Appeal Results?

If you are not happy with the appeal results you can ask for a State Fair Hearing. Someone who is not employed by APIPA-CRS will look at your case. You have to ask for a State Fair Hearing within 30 days of receiving the Notice of Appeal Resolution.

You will receive directions for filing for a State Fair Hearing in the Notice of Appeal Resolution letter from APIPA-CRS. Once you've requested a State Fair Hearing, you will receive a letter that tells you the date, time, and place of the hearing.

What is Program Fraud and Abuse?

Fraud can happen when people lie about the health care you have been receiving. Examples of fraud and program abuse include, but are not limited to:

- Letting someone else use your identification information,
- A doctor, nurse or other healthcare provider is dishonest about what they did to help you, or
- You receive a copy of your insurance billing and find a service listed that you did not receive.

If you think somebody has lied and committed fraud or program abuse, you should report it. You can contact APIPA-CRS by calling Member Services or sending the information to:

Arizona Physicians, IPA-CRS
3141 N. 3rd Ave.
Phoenix, AZ 85013

Or, you can contact the Office of Program Integrity (OPI) in writing or orally, at:

Office of Program Integrity (OPI)
Arizona Department of Health Services (ADHS) Fraud and Abuse Hotline
(602) 364-3758 or (866) 569-4927 toll free
reportfraud@azdhs.gov

The online reporting form is at:
www.azdhs.gov/bhs/provider/forms/pm7-1-1.pdf

You can report fraud and abuse to AHCCCS in writing or orally, at

Office of Program Integrity
801 E. Jefferson
Mail Drop 45000
Phoenix, Arizona 85034
(602)-417-4193 or 1-888-487-6686 toll free

The online reporting form for AHCCCS is at **www.ahcccs.state.az.us/FraudAbuse/Default.asp**

You will not get into trouble for reporting fraud and program abuse. You also do not have to give your name. Any information reported will be kept confidential.

Behavioral Health Services

APIPA-CRS is concerned about how you feel. Behavioral health services can help if you have feelings of sadness, stress or anxiety, or drug and alcohol issues. Behavioral health services can help you think, feel, and act in healthy ways.

Let your doctor know if you think behavioral health services are needed. Your doctor must evaluate and recommend psychology services for you. APIPA-CRS may provide up to three (3) sessions each year with an APIPA-CRS contracted psychologist. If an APIPA-CRS psychologist evaluates and recommends that psychiatric services are needed, APIPA-CRS can provide one (1) visit each year with an APIPA-CRS contracted psychiatrist.

If you believe that you need more behavioral health care than APIPA-CRS provides, you have other sources of help. If you are on AHCCCS, you do not need a referral from your primary care physician; you can refer yourself for behavioral health care. If you have insurance other than AHCCCS, please call your health plan to ask if you have a behavioral health benefit.

Arizona has a network of Regional Behavioral Health Authorities (RBHA) and Tribal Regional Behavioral Health Authorities (TRBHA) that provide service around the state. Contact Member Services for information on how to reach a RBHA or TRBHA.

Non-Discrimination

All services provided by APIPA-CRS are provided without prejudice or bias for: race, color, gender, religion, age, national origin, ability to speak English, disability, ability to pay, marital status, sexual preference, genetic information or physical or mental disability.

Family Support Information and Community Resources

CRS Parent Action Council (PAC)

The PAC is a local council made up of parents of a child who is or was a CRS Member, adults who are or were CRS Members and the APIPA-CRS contractor. PAC members may also include professionals and members of advocacy groups. The PAC is a place where parents meet to share ideas and resources to make your health care better. PAC members share this information with APIPA-CRS and with the Arizona Department of Health Services, Office for Children with Special Health Care Needs. If you would like to attend a meeting or become involved in PAC activities, please contact Member Services.

Raising Special Kids

Arizona's Family to Family Health Information Center

Raising Special Kids is a non-profit organization of families helping families of children with disabilities and special health needs in Arizona. They provide information, training and materials to help families understand and navigate systems of care. Parents are supported in their leadership development as they learn to advocate for their children. Raising Special Kids promotes opportunities for improving communication between parents, youth with disabilities, educators and health professionals. All programs and services are provided to families free of charge.

Raising Special Kids

(800) 237-3007 toll free

(602) 242-4366

www.raisingpecialkids.org

Information and Referral Services

The Children's Information Center Hotline can help you find resources in your community. The statewide toll free number is 1-800 232-1676. For people with hearing loss or impairment, there is a State Telecommunication Device (TDD/TTY) at (800) 367-8939. The hotline operates Monday - Friday 8 AM-5PM.

Tobacco Cessation

To learn about resources to help to quit tobacco use call the toll free telephone quit line at 1-800-556-6222 or visit the Arizona Department of Health Services web site at www.ashline.org.

WIC

The Arizona Women, Infants, and Children Program (WIC) provides Arizona residents with nourishing supplemental foods, nutrition education, and referrals. People who use WIC are either women who are pregnant, breastfeeding, or have just had a baby; and infants and

children who have nutritional needs and meet income guidelines. Call the WIC hotline at 1-800-252-5942 for more information.

Head Start

Head Start is a program that provides health, educational, nutritional, social, and other services to low income children and families. Head Start Programs create learning environments that support a child's growth in language, literacy, mathematics, science, social and emotional functioning, creative arts, and physical skills. To learn more about the Head Start Program or to find a program in your area, call 1-866-763-6481 or visit the Head Start locator at <http://eclkc.ohs.acf.hhs.gov/hslc/HeadStartoffices>.

AzEIP

The Arizona Early Intervention Program (AzEIP) is a statewide system of supports and services for families and children birth to age three, with disabilities or developmental delays. For more information about AzEIP call 602-532-9960 or toll free at 888-439-5609, or visit the web site at AllAzEIP2@azdes.gov.

Arizona 211

Visit www.az211.com to find resources such as child care, jobs, health care, and insurance. You can also get State and local emergency bulletins and alerts that are vital in times of disaster or emergency.

www.myazhealthandwellness.com

Visit this web site to learn about what is happening around the State of Arizona. You will find information about health resources and prevention.

www.MyAHCCCS.com

This website allows AHCCCS members to view their own active healthcare and health plan enrollment for several services.

Family Planning Services and HIV Testing

For information about family planning services and HIV testing call the ADHS Bureau of Women's and Children's Health Hot Line at 1-800-833-4642 or visit the web site at www.azdhs.gov/phs/owch/index.htm. Family planning services and HIV/STI testing are available at the Arizona Family Planning Council 602-258-5777 or 1-888-272-5652 or visit the web site at www.azfpc.org. Planned Parenthood also offers testing and services 1-800-230-7526.

Early and Periodic Screening, Diagnostic and Treatment Program (EPSDT)

The EPSDT Program is for children and youth under age 21. The Program includes regular checkup visits for infants, children and youth. The goal of the program is to help children and youth stay healthy by finding health problems early. Contact your primary health care provider to ask about EPSDT.

Information for My Care

Emergency: 911

Member Services: 1-866-275-5776

My child/youth's CRS diagnosis: _____

My child/youth's CRS ID number: _____

Who is on the team?

Doctor: _____

Phone number _____

Address _____

Therapist(s): _____

Social Worker(s): _____

Member Advocate: _____

Care Coordinator: _____

Care Manager: _____

Pharmacy: _____

Medical Equipment Provider: _____

Lab: _____

Child Life Specialist: _____

Transition Coordinator: _____

Other: _____
